# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

## SUMMARY SHEET

| _        | (1)   | (2)                                     | (3)                         |  |  |
|----------|---|---|-----------------------------|--|--|
| _        | ` ,   | Annual Premium                          | Percent                     |  |  |
| -        | Coverage  | <ul> <li>Volume (Illinois) *</li> </ul> | _ Change (+or-) **          |  |  |
|          | Automobile Liability Private  |   |                             |  |  |
|          | Passenger   |   |                             |  |  |
|          | Commercial  |   |                             |  |  |
|          | Automobile Physical Damag   |   |                             |  |  |
|          | Private Passenger   |   | •                           |  |  |
|          | Commercial  |   | 774-74                      |  |  |
|          | Liability Other Than Auto   |   |                             |  |  |
| ii       | Burglary and Theft  |   |                             |  |  |
|          | Glass   |   |                             |  |  |
|          | Fidelity  |   |                             |  |  |
|          | Surety  |   |                             |  |  |
|          | Boiler and Machinery  |   |                             |  |  |
|          | Fire  |   |                             |  |  |
| ).       | Extended Coverage   |   |                             |  |  |
| J.       | Inland Marine   | 3455                                    | -26.5%                      |  |  |
| 2.       | Homeowners  | 3433                                    | -20.378                     |  |  |
| 2.<br>3. | Commercial Multi-Peril  |   |                             |  |  |
| J.<br>4. |   |   |                             |  |  |
| †.<br>5. | Crop Hail   |   |                             |  |  |
| Ϳ.       | Other   |   |                             |  |  |
|          | Line of Insurance   |   |                             |  |  |
| •        | Does filing only apply to certa   | ain territory (territories) or          | certain                     |  |  |
|          | Classes? If so,   |   |                             |  |  |
|          | •   | to Commercial Inland Marine Co          | ontrolled Lines only:       |  |  |
|          | Accounts Receivable, Camera & Musical Instrument Dealers, Commercial Articles, Equipment Dealers, Film, Floor Plan, Mail Physicians and Surgeons, Theatrical Property and Valuable Papers |   |                             |  |  |
|          | Brief description of filing. (If filing follows rates of an advisory  |   |                             |  |  |
|          | Organization, specify   | ining ronows raises or arre             |                             |  |  |
|          | organization):  |   |                             |  |  |
|          | Adopt ISO CM-2014-RLA1 and revised  | current loss cost multipler             |                             |  |  |
|          | Adopt 100 Ola-2014-INEXT and Textsea  | Carron 1000 Cost manapion               |                             |  |  |
|          | *Adjusted to reflect all prior re   | ate changes                             |                             |  |  |
|          | **Change in Company's prer  |   | ilt from application of new |  |  |
|          | rates.  | man level which will rese               | in nom application of new   |  |  |
|          | 10103.  | American Select li                      | nsurance Company            |  |  |
|          |   |   | me of Company               |  |  |
|          |   | Commercial Lines                        |                             |  |  |
|          |   |   | i ivaattailailat            |  |  |

Official - Title

| (                    | Change in Company's premium or rate  | e level produced by rate revision effecti   | ve <u>5-1-2015</u>  |
|----------------------|--|---|---|
|                      | (1)  | (2)<br>Annual Premium   | (3)<br>Percent  |
|                      | Coverage   | Volume (Illinois)*  | Change (+ or -)**   |
| 1.                   | Automobile Liability   |   |   |
|                      | Private Passenger  |   |   |
|                      | Commercial   |   |   |
| 2.                   | Automobile Physical Damage   |   |   |
|                      | Private Passenger  |   |   |
| _                    | Commercial   |   | <del></del>   |
| 3.                   | Liability Other Than Auto  | <del></del>   |   |
| 4.                   | Burglary and Theft Glass   |   |   |
| 5.<br>6.             | Fidelity   |   |   |
| 0.<br>7.             | Surety   |   |   |
| 7.<br>8.             | Boiler and Machinery   |   | · · · · · · · · · · · · · · · · · · ·                               |
| 9.                   | Fire   |   |   |
| 10.                  | Extended Coverage  |   |   |
| 11.                  | Inland Marine  | 221,734   | 2.0%  |
| 12.                  | Homeowners   |   |   |
| 13.                  | Commercial Multi-Peril   |   |   |
| 14.                  | Crop Hail  |   |   |
| 15.                  | Other  |   |   |
|                      | Line of Insurance  | <del></del>   |   |
| Does f<br>NA         | iling only apply to certain territory (te  | erritories) or certain classes? If so, spec   | ify:  |
| Ador<br>Bicy<br>Moto | oting ISO's loss costs filing designation<br>cles, Carmeras and Equipment, Furs, C | rates of an advisory organization, spec<br>n #PM-2014-RLA1. Revising rates for<br>Golfer's Equipment, Jewelry, Musical I<br>e Vehicles, Snowmobiles, Vehicles for | Personal Inland Marine including nstruments, Silverware, Fine Arts, |
|                      |  | C   | entral Mutual Ins Co  |
|                      |  |   | Name of Company   |
| H2919                | PD   |   | rume or company   |
| *****                | _  | (N  | frs.) Petrise Meyer   |
|                      |  |   | Rates and Forms Analyst   |
|                      |  |   | Official - Title  |

Change in Company's premium or rate level produced by rate revision effective  $\underline{5/1/2015}$  .

|         | (1)  | (2)<br>Annual Premium   | (3)<br>Percent   |
|---------|--|---|--|
|         | <u>Coverage</u>  | Volume (Illinois) *   | <u>Change (+ or -) **</u>                                      |
| 1.      | Automobile Liability Private Passenger   |   |  |
| 2.      | Commercial Automobile Physical Damage Private Passenger  |   |  |
|         | Commercial   |   |  |
| 3.      | Liability Other Than Auto  |   |  |
| 4.      | Burglary and Theft   |   |  |
| 5.      | Glass  |   |  |
| 6.      | Fidelity   |   |  |
| 7.      | Surety   |   |  |
| 8.      | Boiler and Machinery   |   |  |
| 9.      | Fire   |   |  |
| 10.     | Extended Coverage  |   |  |
| 11.     | Inland Marine  | \$538.894   | 0.1%   |
| 12.     | Homeowners   |   | <del> </del>   |
| 13.     | Commercial Multi-Peril   |   |  |
| 14.     | Crop Hail  |   |  |
| 15.     | Other Line of Insurance  |   |  |
| Doe     | es filing only apply to certain territory (te  | rritories) or certain classes? If s                                     | o, specify:  |
| in<br>m | of description of filing. (If filing follows rather this filing we are proposing changes to our lany coverages, almost all of which are subjudend marine coverages are Equipment Deadoccialty Contractors Floater. | Type of Business Factors. Our inla<br>ect to the proposed Type of Busin | and marine program consists of ess Factor changes. Our largest |
| 2       | beclaity Contractors Floater.  |   |  |
| ** C    | Adjusted to reflect all prior rate chan-<br>change in Company's premium level wh<br>vill result from application of new rates.   | ich   |  |
|         |  |   | ederated Mutual Ins. Co.                                       |
|         |  | Nar   | me of Company  |
|         |  | Doyle G   | lim  |
|         |  |   | Vice President Official – Title                                |

| ۲.       | (1)  | (2)<br>Annual Premium                 | (3)<br>Percent                  |
|----------|--|---------------------------------------|---------------------------------|
| ,        | <u>Coverage</u>  | Volume (Illinois) *                   | <u>Change (+ or -) **</u>       |
| 1.       | Automobile Liability Private Passenger   |                                       |                                 |
| 2.       | Commercial<br>Automobile Physical Damage<br>Private Passenger                    |                                       |                                 |
|          | Commercial   |                                       |                                 |
| 3.       | Liability Other Than Auto  |                                       |                                 |
| 4.       | Burglary and Theft   |                                       |                                 |
| 5.       | Glass  |                                       |                                 |
| 6.       | Fidelity   |                                       |                                 |
| 7.       | Surety   |                                       |                                 |
| 8.       | Boiler and Machinery   |                                       |                                 |
| 9.       | Fire   |                                       |                                 |
| 10.      | Extended Coverage  |                                       |                                 |
| 11.      | Inland Marine  | \$161,296                             | -0.0%                           |
| 12.      | Homeowners   |                                       |                                 |
| 13.      | Commercial Multi-Peril   |                                       |                                 |
| 14.      | Crop Hail  |                                       |                                 |
| 15.      | Other  |                                       |                                 |
|          | Line of Insurance  | `\                                    |                                 |
|          |  |                                       |                                 |
| Doe      | es filing only apply to certain territory (ter                                   | ritories) or certain classes? If so.  | specify:                        |
|          |  | ,                                     |                                 |
| <u>N</u> | 0  |                                       |                                 |
|          |  | ·                                     |                                 |
|          |  | ,                                     |                                 |
| Rrie     | f description of filing. (If filing follows rat                                  | tos of an advison, grannization, or   | ooif, organization).            |
| סווכ     | description of filling. (If filling follows rat                                  | les of all advisory organization, sp  | decily organization).           |
| In       | this filing we are proposing changes to our                                      | Type of Business Factors. Our inland  | marine program consists of      |
|          | any coverages, almost all of which are subje                                     |                                       |                                 |
| In       | land marine coverages are Equipment Deale  | er Stock Floater (EDSF), Jewelry Deal | er Coverage Form, and Specialty |
|          | ontractors Floater.  |                                       |                                 |
|          |  |                                       |                                 |
| - A      | djusted to reflect all prior rate chang<br>hange in Company's premium level whic | es.                                   |                                 |
|          | rill result from application of new rates.                                       | 311                                   |                                 |
| •        | · · · · · · · · · · · · · · · · · · ·  | F                                     | ederated Service Ins. Co.       |
|          |  |                                       | ne of Company                   |
|          |  | 1 - 1                                 |                                 |
|          |  | Abole and                             | lin                             |
|          |  | 0 %                                   | Vice, President                 |
|          |  | Offici                                | al - Title                      |
|          |  | Office                                | GI THE                          |

|          | Change in Company's premium or ra                                  | e level produced by rate revision effect    | ive 3/1/15 - new;5/1/15 - renewal     |
|----------|--|---|---------------------------------------|
|          | (1)  | (2)<br>Annual Premium                       | (3)<br>Percent                        |
|          | <u>Coverage</u>  | Volume (Illinois)*                          | <u>Change (+ or -)**</u>              |
| 1.       | Automobile Liability   |   |                                       |
|          | Private Passenger  |   |                                       |
|          | Commercial   |   |                                       |
| 2.       | Automobile Physical Damage   |   |                                       |
|          | Private Passenger  |   |                                       |
| •        | Commercial   | <u> </u>                                    |                                       |
| 3.       | Liability Other Than Auto  |   |                                       |
| 4.       | Burglary and Theft   |   |                                       |
| 5.       | Glass  |   |                                       |
| 6.       | Fidelity   |   |                                       |
| 7.<br>8. | Surety<br>Boiler and Machinery                                     |   |                                       |
| 9.       | Fire   |   |                                       |
| 10.      | Extended Coverage  |   | · · · · · · · · · · · · · · · · · · · |
| 11.      | Inland Marine  | \$429,985                                   | -4.2%                                 |
| 12.      | Homeowners   | Q-120;000                                   |                                       |
| 13.      | Commercial Multi-Peril   |   |                                       |
| 14.      | Crop Hail  |   |                                       |
| 15.      | Other  | -   | -                                     |
|          | Line of Insurance  |   |                                       |
|          |  |   |                                       |
|          |  | erritories) or certain classes? If so, spec | cify:                                 |
| ntire    | State  |   |                                       |
|          |  |   |                                       |
|          |  |   |                                       |
| Brief o  | description of filing. (If filing follows                          | s rates of an advisory organization, spec   | cify organization):                   |
|          |  | ts Animal Mortality program by ame          |                                       |
|          | al coverages have been amended<br>al changes are being made to cla | to include a rate to provide covera         | ge in excess of \$5,000. In addition, |
| alton    | al changes are being made to cla                                   | my caute age categories.                    |                                       |
| * A.     | djusted to reflect all prior rate change                           | e   |                                       |
|          | nange in Company's premium level w                                 |   |                                       |
|          | sult from application of new rates.                                | mon win                                     |                                       |
|          | our nom approacion of now rates.                                   |   |                                       |
|          |  |   |                                       |
|          |  |   |                                       |
|          |  | <u>Ma</u>                                   | rkel Insurance Company                |
|          |  |   | Name of Company                       |
|          |  | De  | idre Balbuena, Vice President         |
|          |  | <del></del>                                 | Official - Title                      |

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

## SUMMARY SHEET

|  | (1)                          | (2)<br>Annual Premium           | (3)<br>Percent       |  |
|--|------------------------------|---------------------------------|----------------------|--|
|  | Coverage                     | Volume (Illinois) *             | Change (+or-) **     |  |
|  | Automobile Liability Private |                                 |                      |  |
|  | Passenger                    |                                 |                      |  |
|  | Commercial                   |                                 |                      |  |
|  | Automobile Physical Damag    |                                 |                      |  |
|  | Private Passenger Commercial |                                 |                      |  |
|  |                              |                                 | ····                 |  |
|  | Liability Other Than Auto    |                                 |                      |  |
|  | Burglary and Theft Glass     |                                 |                      |  |
|  |                              | <u> </u>                        |                      |  |
|  | Fidelity                     |                                 |                      |  |
|  | Surety Reiler and Machinery  |                                 |                      |  |
|  | Boiler and Machinery Fire    |                                 |                      |  |
|  | Extended Coverage            |                                 | <del></del>          |  |
|  | Inland Marine                | 26607                           | 20.0%                |  |
|  | Homeowners                   | 20007                           | -30.9%               |  |
|  | Commercial Multi-Peril       |                                 |                      |  |
|  | Crop Hail                    |                                 |                      |  |
|  | Other                        |                                 |                      |  |
|  | Line of Insurance            |                                 |                      |  |
|  |                              | to Commercial Inland Marine Cor | ntrolled Lines only: |  |
| Accounts Recievable, Camera & Musical Instrument Dealers, Commercial Articles, Equipment Dealers, Firm, Floor Plan, Mail Physicians and Surgeons, Theatrical Property and Valuable I |                              |                                 |                      |  |
| Brief description of filing. (If filing follows rates of an advisory<br>Organization, specify<br>organization):  |                              |                                 |                      |  |
| Adopt ISO CM-2014-RLA1 and revised current loss cost multipler   |                              |                                 |                      |  |
|  |                              |                                 |                      |  |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new   |                              |                                 |                      |  |
|  | rates.                       | Westfield Insurance             | e Company            |  |
|  |                              | Nar                             | ne of Company        |  |
|  |                              | Commercial Lines P              | roduct Analyst       |  |
|  |                              |                                 | Official – Title     |  |